

CLAIMS ONLY

Application Number

10056868

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		/		/	/	
12		/		/		/
13		/		/		/
14		/		/	/	
15		/		/	/	
16		/		/	/	
17		/		/	/	
18		/		/		/
19		/		/		/
20		/		/		/
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33		/		/		/
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40		/		/		/
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42		/		/		/
43		/		/		/
44		/		/		/
45		/		/	/	
46		/		/	/	
47		/		/		/
48		/		/	/	
49		/		/		/
50	/		/		/	
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depe
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
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87						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	2		2		18	
Total Depend	84		84		61	
Total Claims	86		86		79	